

APPLICATION FOR ARMY EMERGENCY RELIEF (AER) FINANCIAL ASSISTANCE For use of this form, see AR 930-4; the proponent agency is OACSIM				1. SECTION NUMBER	2. DATE
3. SOLDIER'S NAME <i>(Last, first, MI)</i>				4. SSN	5. GRADE
6. STATUS		7. ACTIVE SOLDIER'S UNIT/ADDRESS OF RETIREE, SURVIVOR, OTHERS			
a. <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DECEASED b. ETS DATE <i>(If active)</i>					
8. PHONE NUMBER <i>(Include area code)</i>		9. HOME OF RECORD <i>(Street, city, state, zip code)</i>			
10a. APPLICANT'S NAME IF OTHER THAN SOLDIER		10b. RELATIONSHIP	10c. POWER OF ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO	11. BANKRUPTCY FILED OR PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO CHAPTER: _____	
12. DEPENDENTS FOR WHOM YOU FURNISH MORE THAN ONE-HALF SUPPORT					
a. NAME		b. AGE		c. RELATIONSHIP	
13. REASON WHY ASSISTANCE IS NEEDED <i>(Be complete and specific. If more space is needed, continue on separate sheet.)</i>					
14. LIST YOUR SPECIFIC EMERGENCY FINANCIAL NEEDS					
				\$	
				\$	
				\$	
				\$	
				\$	
				TOTAL	\$
15. INDEBTEDNESS					
a. TO WHOM		b. DATE INCURRED	c. ORIGINAL AMOUNT	d. MONTHLY PAYMENT	
AER					
16. APPLICANT'S CERTIFICATION					
I hereby authorized the Department of the Army to supply AER with any requested information contained in my official Army personnel and pay files in connection with this assistance. I further authorize the Department of the Army, or any agency, to supply my latest home address, and/or official military address to AER whenever requested.					
I further understand that AER is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, will be provided by AER to the Army in order to determine eligibility for and administration of financial assistance.					
I certify the information provided on this application is complete, true and correct.					
a. SIGNATURE OF APPLICANT				b. DATE	

17. UNIT COMMANDER'S REVIEW OF ACTIVE DUTY APPLICANT

a. I HAVE REVIEWED THIS REQUEST FOR AER ASSISTANCE AND RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL

(If disapproval recommended, indicate why in remarks.)

b. SOLDIER ☐ IS ☐ IS NOT PENDING ELIMINATION FROM THE ARMY.

c. TYPE OR PRINTED NAME AND SIGNATURE OF UNIT COMMANDER

d. DATE

18. REMARKS *(Commander and AER Officer record all pertinent information pertaining to application. If applicant's budget information is needed, use an ACS budget planning sheet.)*

19. ACTION BY APPROVAL AUTHORITY

a.

☐ APPROVED

☐ DISAPPROVED. SOLDIER AND COMMANDER HAVE BEEN APPRISED OF REASONS WHY THIS REQUEST WAS DISAPPROVED.

b. LOAN AMOUNT \$

c. GRANT AMOUNT \$

d. NAME OF APPROVAL AUTHORITY

e. GRADE

f. POSITION

20. ACKNOWLEDGEMENT OF ASSISTANCE

a. I acknowledge receipt of a ☐ NO INTEREST LOAN ☐ GRANT from AER in the amount of

\$ _____ by check number _____.

(Items b and c below pertain to loans only.)

b. I understand that my failure to repay will result in my name being placed on a list that will preclude further AER assistance being provided to me.

c. I will keep AER advised on any change in my duty assignment, address, or military status.

d. SIGNATURE OF APPLICANT

e. DATE